



Economic and Social Council

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For decision

United Nations Children's Fund

Executive Board

Second regular session 2018

12–14 September 2018

Item 2 of the provisional agenda

Provisional annotated agenda, timetable and organization of work

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Provisional annotated agenda

1. Opening statements by the President of the Executive Board and the Executive Director of UNICEF

The Executive Board will hear opening statements by the President of the Executive Board and the Executive Director of UNICEF.

Organizational and procedural matters

2. Adoption of the provisional annotated agenda, timetable and organization of work

For decision (E/ICEF/2018/19)

The provisional agenda is prepared in consultation with the Bureau of the Executive Board and is based on the programme of work adopted by the Executive Board at its second regular session of 2017. The Executive Board will adopt the agenda for the session, making any amendments that it considers necessary.

3. Proposed programme of work for the Executive Board sessions in 2019

For decision (E/ICEF/2018/20)

The proposed programme of work is based on suggestions by the secretariat and on Executive Board decisions, including decision 2010/11. It has been prepared in consultation with the Bureau of the Executive Board of UNICEF and is presented to the Board for approval. Once adopted, it serves as a framework for setting the agendas for the 2019 Executive Board sessions, subject to decisions by the Board and modifications introduced in consultation with the Bureau of the Executive Board.

UNICEF focal point:

Mr. Randall Gonzalez-Villalobos

Deputy Secretary of the Executive Board

rgonzalezvillalobos@unicef.org/212-824-6880

4. Working methods

For decision

In its decision 2018/7, the Executive Board encouraged the secretariat of the Executive Board to work together with the secretariats of the United Nations Development Programme, the United Nations Population Fund, the United Nations Office for Project Services, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Food Programme to produce a joint response to the joint meeting of the Executive Boards segment on working methods by no later than four weeks before the second regular session 2018, allowing for a consultation process among Member States ahead of that session of 2018, and also encouraged UNICEF to continue pursuing ways to improve the working methods of the Board and to generate additional cost savings, and decided to consider the number of yearly field visits at its second regular session of 2018.

UNICEF focal point:

Ms. Hai Kyung Jun

Secretary of the Executive Board

hkjun@unicef.org/212-326-7118

Programme and policy matters

5. Structured dialogue on financing the results of the UNICEF Strategic Plan, 2018–2021

For information (UNICEF/2018/EB/9)

The structured dialogue is presented to the Executive Board in accordance with several decisions of the Board, the most recent being 2017/14.

UNICEF focal point:

Ms. Carla Haddad Mardini

Director, Public Partnerships Division

chaddadmardini@unicef.org/212-326-7160

6. Oral update on UNICEF humanitarian action

For information

The Executive Board will be presented with an oral update on humanitarian action in UNICEF. The update includes an overview of the situation of children living in crisis and outline the UNICEF response as well as challenges and achievements.

UNICEF focal point:

Mr. Manuel Fontaine

Director, Office of Emergency Programmes

mfontaine@unicef.org/212-326-7163

7. UNICEF programme cooperation

(a) Country programme documents

For decision

The 14 country programme documents and one multi-country programme document listed below are presented to the Executive Board for approval on a no-objection basis, in accordance with Executive Board decision 2014/1. Costed evaluation plans for each country programme are posted on the UNICEF Executive Board website alongside the documents. The United Nations Development Assistance Framework results matrices are also available on the website, where applicable. The 14 country programme documents and one multi-country programme document are presented by region:

East Asia and the Pacific

Cambodia (E/ICEF/2018/P/L.7)

Philippines (E/ICEF/2018/P/L.8)

Eastern and Southern Africa

Burundi (E/ICEF/2018/P/L.9)

Lesotho (E/ICEF/2018/P/L.10)

Namibia (E/ICEF/2018/P/L.11)

South Sudan (E/ICEF/2018/P/L.12)

Latin America and Caribbean

Ecuador (E/ICEF/2018/P/L.13)

Nicaragua (E/ICEF/2018/P/L.14)

Middle East and North Africa

Gulf Area subregional programme (Bahrain, Kuwait, Qatar, Saudi Arabia, the United Arab Emirates) (E/ICEF/2018/P/L.15)

Libya (E/ICEF/2018/P/L.16)

South Asia

Bhutan (E/ICEF/2018/P/L.17)

West and Central Africa

Benin (E/ICEF/2018/P/L.18)

Equatorial Guinea (E/ICEF/2018/P/L.19)

Senegal (E/ICEF/2018/P/L.20)

Togo (E/ICEF/2018/P/L.21)

UNICEF focal point:

Mr. Ted Chaiban

Director, Programme Division

tchaiban@unicef.org/212-326-7540

(b) Extensions of ongoing country programmes

For decision (E/ICEF/2018/P/L.22)

In accordance with Executive Board decision 2009/11, the Executive Board is (i) informed of the first two-month extension of the country programme for Niger and the first one-year extension of the country programme for Timor-Leste; and (ii) requested to approve the second one-year extensions of the country programmes for the Democratic Republic of the Congo and Liberia.

UNICEF focal point:

Mr. Isa Achoba

Associate Director, Field Results Group

iachoba@unicef.org/212-326-7936

Evaluation, audit and oversight matters

8. Evaluation report and management response

Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis, and management response

For decision (E/ICEF/2018/21; E/ICEF/2018/22)

The report presents the findings, conclusions and recommendations of the recently undertaken evaluation of the response to the cholera epidemic in Yemen. The purpose of the evaluation was to inform the UNICEF approach to further potential cholera epidemics in Yemen, based on an analysis of lessons from the response to the 2016–2017 outbreak; to provide some basis for accountability for that response; and to add to the global learning of UNICEF on cholera prevention and response. The Executive Board will be presented with an executive summary of the evaluation report and a management response. The full report is available on the UNICEF Evaluation Office website.

UNICEF focal point for the evaluation report:

Mr. George Laryea-Adjei

Director of Evaluation

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UNICEF focal point for the management response:

Mr. Geert Cappelaere

Regional Director, Middle East and North Africa Regional Office

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Resource, financial and budgetary matters

9. UNICEF Strategic Plan: updated financial estimates, 2018–2021

For decision (E/ICEF/2018/AB/L.4)

In accordance with Executive Board decision 2013/20, updated financial estimates for the UNICEF Strategic Plan are presented to the Executive Board annually. The estimates provide a basis for determining the level of regular resource expenditures, including for programme submissions for approval in 2019. Included under this item will be an oral presentation of a preliminary analysis of the financial and other implications of General Assembly resolution 72/279, as requested by the Board in its decision 2018/7.

UNICEF focal point:

Mr. Thomas Asare

Comptroller and Director, Division of Financial and Administrative Management

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10. Private Fundraising and Partnerships: financial report for the year ended 31 December 2017

For decision (E/ICEF/2018/AB/L.5)

The report is presented annually to the Executive Board for review and comment, in accordance with annex I to General Assembly resolution 48/162 of 20 December 1993.

UNICEF focal point:

Mr. Gary Stahl

Director, Private Fundraising and Partnerships

gstahl@unicef.org/+41-229-095-701

11. Joint report on cost recovery

For decision (DP/FPA-ICEF-UNW/2018/1)

The joint report of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on cost recovery is presented to the Executive Board in accordance with its decision 2017/14 and with its decision 2017/7, in which the Board requested UNICEF, together with UNDP, UNFPA and UN-Women, to continue the consultations with Member States with regard to the cost-recovery policy and to present evidence-based proposals for harmonized cost-recovery policies of UNDP, UNFPA, UNICEF and UN-Women, with adjustments if required, for consideration by the respective Executive Boards no later than their annual sessions in 2018. It is recalled that a draft joint report was shared with the UNICEF Executive Board in April 2018. Subsequently, the Board agreed to postpone the formal consideration of the joint report on cost recovery to the second regular session 2018.

UNICEF focal point:

Mr. Thomas Asare

Comptroller and Director, Division of Financial and Administrative Management

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Other matters and adoption of draft decisions

- 12. Report of the field visit of the Bureau of the Executive Board of UNICEF to Bhutan, 17 to 22 April 2018, and report of the joint field visit of the Executive Boards of UNDP/UNFPA/UNOPS, UNICEF, UN-Women and WFP to Uganda, 30 April to 4 May 2018**

For information (UNICEF/2018/EB/10; DP/FPA/OPS-ICEF-UNW-WFP/2018/1)

Presented for information are the report of the field visit of the Bureau of the Executive Board of UNICEF to Bhutan, from 17 to 22 April 2018, and the report of the joint field visit to of the Executive Boards of the UNDP/UNFPA/UNOPS, UNICEF, UN-Women and WFP to Uganda, from 30 April to 4 May 2018. The reports are presented in accordance with Executive Board decision 2004/13 and paragraph 17 of the guidelines for field visits by members of the Executive Board (E/ICEF/2004/19).

- 13. Other matters**

The Executive Board has before it the provisional list of agenda items for its first regular session of 2019 and may consider discussing any other issue under this agenda item.

- 14. Adoption of draft decisions**

- 15. Closing statements by the Executive Director of UNICEF and the President of the Executive Board**

The Executive Board will hear statements by the Executive Director of UNICEF and the President of the Executive Board.

**Provisional timetable and organization of work for the 2018 second regular session of the UNICEF Executive Board
12–14 September 2018¹**

Wednesday 12 September	a.m.	Item 1	Opening statements by the President of the Executive Board and the Executive Director of UNICEF
	10:00–1:00	Item 2	Adoption of the provisional annotated agenda, timetable and organization of work
	1:15–2:45		<i>Informal consultations</i>
	p.m.		Special focus session on innovation
	3:00–5:00		
	5:00–6:00		<i>Informal consultations</i>
Thursday 13 September	a.m.	Item 7	UNICEF programme cooperation:
	10:00–1:00		(a) Country programme documents
			(b) Extensions of ongoing country programmes
	1:15–2:45		<i>Informal consultations</i>
	p.m.	Item 7 (cont'd)	UNICEF programme cooperation:
	3:00–5:00		(a) Country programme documents
			(b) Extensions of ongoing country programmes
		Item 6	Oral update on UNICEF humanitarian action
		Item 4	Working methods
	5:00–6:00		<i>Informal consultations</i>
Friday 14 September	a.m.	Item 8	Evaluation report and management response
	10:00–1:00		Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis, and management response
		Item 5	Structured dialogue on financing the results of the UNICEF Strategic Plan, 2018–2021
		Item 9	UNICEF Strategic Plan: updated financial estimates, 2018–2021
		Item 10	Private Fundraising and Partnerships: financial report for the year ended 31 December 2017
	1:15–2:45		<i>informal consultations</i>
	p.m.	Item 11	Joint report on cost recovery
	3:00–5:00		

¹ When consideration of an agenda item concludes ahead of the allocated time, the next item will be taken up for consideration and the timetable adjusted accordingly.

- Item 12 Report of the field visit of the Bureau of the Executive Board of UNICEF to Bhutan, 17 to 22 April 2018, and report of the joint field visit of the Executive Boards of UNDP/UNFPA/UNOPS, UNICEF, UN-Women and WFP to Uganda, 30 April to 4 May 2018
 - Item 3 Proposed programme of work for the Executive Board sessions in 2019
 - Item 13 Other matters
 - Item 14 Adoption of draft decisions
 - Item 15 Closing statements by the Executive Director of UNICEF and the President of the Executive Board
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Economic and Social Council

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United Nations Children's Fund

Executive Board

Second regular session 2018

12–14 September 2018

Item 3 of the provisional agenda*

Proposed programme of work for the Executive Board sessions in 2019

The attached programme of work for the 2019 Executive Board sessions has been prepared by the secretariat in consultation with the Bureau of the Executive Board on the basis of statutory requirements, requests arising from specific decisions by or discussions within the Executive Board, or proposals by the secretariat.

It is recommended that the Executive Board adopt the programme of work for Executive Board sessions in 2019 as a flexible framework subject to revisions as appropriate in the course of the year.

* E/ICEF/2018/19.



UNICEF Executive Board

Proposed programme of work for Executive Board sessions in 2019

Joint meeting of the Executive Boards of UNDP/UNFPA/UNOPS, UNICEF, UN-Women and WFP (date to be confirmed)

First regular session
5–8 February 2019

Annual session
11–14 June 2019

Second regular session
11–13 September 2019

Organizational and procedural matters

Election of the President and Vice-Presidents of the Executive Board (D) (8 January 2019)¹

Programme and policy matters

UNICEF programme cooperation:
Country programme documents (D)

Extensions of ongoing country programmes (D)

Oral report on UNICEF follow-up to recommendations and decisions of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board meetings (I)

Update on UNICEF humanitarian action (I)

Evaluation, audit and oversight matters

Evaluation reports and management responses (D)

Organizational and procedural matters

Programme and policy matters

Annual report for 2018 of the Executive Director of UNICEF (D)

UNICEF report on the recommendations of the Joint Inspection Unit² (I)

Annual report on UNICEF humanitarian action (D)

Annual report on the implementation of the UNICEF Gender Action Plan, 2018–2021 (I)

UNICEF programme cooperation:
Country programme documents (D)
Extensions of ongoing country programmes (D)

Evaluation, audit and oversight matters

Annual report for 2018 on the evaluation function in UNICEF (D), and management response

Organizational and procedural matters

Proposed programme of work for the Executive Board sessions in 2020 (D)

Programme and policy matters

UNICEF programme cooperation:
Country programme documents (D)

Extensions of ongoing country programmes (D)

Structured dialogue on financing the results of the UNICEF Strategic Plan, 2018–2021 (I)

Oral update on UNICEF humanitarian action (I)

Evaluation, audit and oversight matters

Evaluation reports and management responses (D)

¹ This date is tentative.

² The report is considered under the agenda item, "Annual report of the Executive Director of UNICEF".

First regular session
5–8 February 2019

Annual session
11–14 June 2019

Second regular session
11–13 September 2019

Evaluation reports and management responses *(D)*

Report of the Ethics Office of UNICEF for 2018 *(D)*, and management response

Office of Internal Audit and Investigations 2018 annual report to the Executive Board *(D)*, and management response

UNICEF Audit Advisory Committee 2018 annual report *(I)*

Resource, financial and budgetary matters

UNICEF financial report and audited financial statements for the year ended 31 December 2017 and report of the Board of Auditors *(D)*, and management response

Private Fundraising and Partnerships: 2019 workplan and proposed budget *(D)*

Oral update on the work of the National Committees for UNICEF *(I)*

Other matters

Provisional list of agenda items for the annual session of 2019

Resource, financial and budgetary matters

Resource, financial and budgetary matters

UNICEF Strategic Plan: updated financial estimates, 2019–2022 *(D)*

Private Fundraising and Partnerships: financial report for the year ended 31 December 2018 *(I)*

Other matters

Provisional list of agenda items for the first regular session of 2020

Other matters

Address by the Chairperson of the UNICEF Global Staff Association

Reports of the field visits of the Executive Board *(I)*

Provisional list of agenda items for the second regular session of 2019

Note: (D) — For decision: The secretariat prepares documentation on the agenda item. The Executive Board is expected to discuss and adopt a decision under the agenda item.

(I) — For information: The secretariat prepares documentation for information. The Executive Board may opt to take a decision under the agenda item.

**Economic and Social Council**

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United Nations Children's Fund

Executive Board

Second regular session 2018

12–14 September 2018

Item 8 of the provisional agenda*

Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis**Executive summary*****Summary*

In 2016–2017, the complex humanitarian crisis in Yemen, characterized by armed conflict, a critical food security and nutrition situation and the near collapse of health and water systems, gave rise to a massive outbreak of cholera/acute watery diarrhoea. This came in two waves: the first wave, starting in October 2016, was relatively limited, but the second wave, which began in late April 2017, spread throughout the country with alarming speed and reached catastrophic proportions, with some 1 million suspected cholera cases and at least 2,000 deaths.

The evaluation of the UNICEF response to the cholera/acute watery diarrhoea outbreak in Yemen is an evaluation of an emergency response within a wider humanitarian response. Many of the factors affecting the cholera response are common to the wider crisis as well; and the evaluation considers, inter alia, whether the cholera response had a positive or negative effect on that wider response.

The UNICEF response to the 2017 cholera epidemic in Yemen must be seen in the context of the wider system response to that epidemic, and more generally to the ongoing crisis in Yemen. The current armed conflict has had devastating consequences — security, economic and humanitarian — for ordinary Yemenis since 2015. By early 2017, there were and remain multiple competing demands on the humanitarian system.

* E/ICEF/2018/19.

** The executive summary of the evaluation report is being circulated in all official languages of the United Nations. The full report is available in English from the UNICEF Evaluation Office website (see annex).

Note: The present document was processed in its entirety by UNICEF.



The evaluation suggests that the overall response to the 2017 epidemic was slow in scaling up, unable to keep up with the scale and pace of the epidemic and probably had only a very limited impact on its overall course. That said, given the system-wide failure to anticipate the 2017 epidemic, for which UNICEF shares some responsibility, UNICEF responded relatively quickly once the scale of the epidemic became apparent, within the limits of its capacity and that of its partners. It adopted essentially the right approach, although this took time to emerge, and full operating capacity was not reached until the epidemic was already well advanced.

UNICEF is certainly now better placed to respond to a potential future epidemic, although it faces, together with its partners, a serious challenge in mounting the necessary prevention and preparedness measures. Short-term preventive measures including, crucially, an oral cholera vaccination campaign, are needed, together with work to strengthen surveillance and capacities at the community level and consolidate supply chains and partnership arrangements. Additional recommendations include taking urgent action on the supply of oral cholera vaccines, while also strengthening the regional capacity of UNICEF in epidemiological analysis; improving national and community-based surveillance; enhancing programme monitoring and quality control; and strengthening the organization's global preparedness and organizational learning on cholera.

I. Introduction and context

1. Yemen is in the grip of a multi-dimensional humanitarian crisis that is currently judged as among the most severe in the world.¹ Even before the armed conflict that broke out in 2015, Yemenis were suffering from relatively high levels of poverty, inadequate public services, a faltering economy and severe food insecurity — all of which were compounded by the political instability that followed the departure of the President during the Arab Spring of 2011. The current conflict has intensified the humanitarian situation to the point where famine has become a real possibility and fatal diseases, notably cholera and more recently diphtheria, have spread. The health system is near collapse and broken or inadequate water supply and sewage systems have undermined access to clean water and a safe environment. Meanwhile, 8.4 million Yemenis are dependent on food assistance, and severe acute malnutrition is affecting over 400,000 children.²

2. The 2016–2017 cholera outbreak in Yemen had two waves. While the first of these (from October 2016) was relatively limited in scale, the second (from late April 2017) was country-wide and of a different order of magnitude. In total, some 1 million suspected cases³ of cholera/acute watery diarrhoea were reported in this second wave, although this figure is almost certainly inflated due to the poor application of case definitions and the inclusion of relatively mild diarrhoea cases. Although the proportion of actual cholera cases remains uncertain because of limited testing, this was by any measure a catastrophic outbreak — and one that spread with alarming speed across most of the country. In total, more than 2,000 people are reported to have died from the disease since April 2017. While the death toll and case fatality rate were less than might be expected for an epidemic of this scale, inclusion errors in the reported cases probably go a long way towards explaining this.

3. The UNICEF response to the 2017 cholera epidemic in Yemen must be seen in the context of the wider system response to that epidemic and more generally to the ongoing crisis in Yemen. By early 2017, there were and remain multiple competing demands on the humanitarian system, not least of which were the levels of food insecurity and malnutrition that were already critical and raising the risk of famine. The dramatic decline in public services, in particular health, water supply and waste treatment systems, had left the country highly exposed to potential epidemics and ill-equipped to respond effectively.

4. The present evaluation of the UNICEF response to the cholera/acute watery diarrhoea outbreak in Yemen is one of an emergency response within a wider humanitarian response. Many of the factors affecting the cholera response were common to the response to the wider crisis as well.

¹ “UN leaders appeal for immediate lifting of humanitarian blockade in Yemen – Millions of lives at imminent risk”, joint statement by the Executive Directors of the World Health Organization, the World Food Programme (WFP) and UNICEF, 16 November 2017. Available from www.unicef.org/media/media_101496.html.

² WFP, “WFP Scales Up Response in Yemen to Prevent Famine”, 2 April 2018, available from www.wfp.org/news/news-release/wfp-scales-response-yemen-prevent-famine.

³ UN News, “Suspected cholera cases in Yemen surpass one million, reports UN health agency”, 22 December 2017. Available from <https://news.un.org/en/story/2017/12/640331-suspected-cholera-cases-yemen-surpass-one-million-reports-un-health-agency>.

II. Evaluation scope, purpose and approach

A. Evaluation scope

5. The evaluation examines the following broad questions with regard to the UNICEF response to the 2017 outbreak:

(a) What preventive (risk-reduction) work was undertaken in advance of the 2017 outbreak and is now being undertaken to try to prevent or mitigate such an outbreak?

(b) How well-prepared was UNICEF to respond to the 2017 outbreak, especially in the wake of the smaller outbreak in late 2016?

(c) How quickly and effectively did UNICEF respond once the scale of the April 2017 outbreak became clear?

(d) How well placed is UNICEF now to respond to future outbreaks?

6. In each case, the evaluation reviewed the constraining factors involved (internal and external) and asked whether and how these have been addressed. Beyond the UNICEF response, the evaluation considers what role the organization played in coordinating, leading or facilitating the response of the wider system, through its cluster leadership and otherwise.

B. Evaluation purpose

7. The purpose of the current evaluation is three-fold:

(a) To inform the current and future UNICEF responses in Yemen by providing an evaluative analysis of the UNICEF response to the 2017 cholera/acute watery diarrhoea epidemic in the context of the Yemen conflict, the epidemiology of the 2017 outbreak and the wider system response to that outbreak;

(b) To provide a limited basis for accountability with respect to the 2017 UNICEF response: what UNICEF did, and when and where; whether the response was timely, appropriate and effective; and what were the key internal and external enabling and constraining factors;

(c) To add to wider institutional learning from UNICEF responses to cholera and other recent infectious disease outbreaks.

C. Evaluation approach and methodology

8. The present evaluation represents a new approach for UNICEF to humanitarian evaluations, under which the standard evaluation process is accelerated with a view to producing real-time results that can feed directly into programme decision-making. The primary methods used in the evaluation were key informant interviews, particularly with those directly involved in the cholera response; and documentary review, with a focus on planning, monitoring and decision-making. Findings from key informant interviews conducted outside of Yemen were triangulated with the results of partner interviews and focus group discussions with beneficiaries and local volunteers, conducted in country by the three Yemen-based consultants. Altogether, 95 interviewees were consulted for the evaluation.

III. Implementing the strategy: Key findings of the evaluation

A. UNICEF strategy and approach to cholera in Yemen

9. On 10 October 2016, four days after the declaration of the first cholera outbreak by the health authorities, UNICEF, with health and water, sanitation and hygiene (WASH) cluster partners, agreed on a three-month integrated cholera response plan and presented the plan to the humanitarian country team. The initial 2016 plan contained most of what is usually considered essential in cholera response and control, although it lacked specificity in some areas, including strengthening surveillance, achieving a quick response and tailoring the response to the local context.

10. The same basic strategy informed the response to the second-wave outbreak, although the design of the response evolved incrementally in three phases, reaching its final form at the beginning of July 2017. The initial phase of response (late April to mid-May) was very quick, thanks to existing capacity, although the outbreak was difficult to keep pace with, given the geographic spread of the epidemic and the exponential rate at which the number of cases was increasing. During the second phase of response (late May to late June) revised epidemiological projections were used to scale up and a revised response plan was developed that distinguished between: (a) "response/control" activities in affected areas to control the spread of the epidemic; and (b) an "immediate prevention" set of activities in high-risk areas that have not yet been affected. During the third phase of response (late June to early July), a revised approach was devised, based on the latest projections, to reduce transmissions by sharpening the targeting strategy to deliver rapid and targeted interventions in identified hotspots. During this third phase, the communication for development (C4D) campaign was substantially scaled up.

B. Cholera prevention and mitigation measures

11. Could the 2017 cholera epidemic have been prevented? Any answer is inevitably speculative, but given the operating environment and the deep-seated structural factors involved, it may not have been possible in the short term to substantially reduce the risk of a major epidemic. If the first wave had been completely contained, the chances of a major escalation would have been reduced. But the more fundamental preventive work required to prevent cholera, by ensuring adequate access to clean water and effective sewage treatment and waste disposal, is by its nature a medium- to long-term enterprise. This is particularly true given the very weak and damaged state of existing systems, taken together with the ongoing effects of conflict, insecurity, the lack of capacity and unstable governance. Even if it had been possible to mount a concerted effort to repair or sustain those systems following the late-2016 cholera outbreak, only limited impact could have been expected on the spread of water-borne disease by the time of the second-wave cholera outbreak in April 2017. That said, the role played by UNICEF in ensuring supplies of fuel, chlorine and spare parts to keep existing water and waste treatment systems operating was an essential one, without which the risk factors would have been even higher and the public health outcome probably worse.

12. Perhaps more pertinent than the question of prevention per se is whether the scale of any epidemic could have been reduced and its effects mitigated by shorter-term preventive interventions. Here the evaluation team found that more concerted preventive measures, including a preventive oral cholera vaccine campaign – could have gone at least some way to limiting the scope of the epidemic. A range of factors appears to have combined to prevent the proposed oral cholera vaccine campaign from proceeding after the 2016 outbreak. Those interviewed for the evaluation differed somewhat in their accounts of why it did not. In any case, with a lack of acceptance of the case for vaccination in some quarters, including some of the relevant health officials in Yemen, pressure for a campaign declined as the number of cases fell during

first wave, despite what appears in retrospect to have been a strong case for a preventive campaign. The question of an oral cholera vaccine campaign came back onto the agenda when the second wave began in late April 2017, and a request was made to the International Coordinating Group in Geneva. But the shortage of global supplies and competing demands meant that the International Coordinating Group could only provide only a limited number of vaccines. This in turn raised political questions about how the limited supplies would be allocated among different areas in Yemen. After some weeks, the proposed campaign was cancelled in July. By this time, the epidemic was already well advanced and the likely effectiveness of a reactive campaign was doubtful, since most areas had by then been affected.

13. Within the limited scope of the present evaluation, the evaluation team is not able to reach a firm conclusion on the prevention question. However, it is reasonable to conclude that more concerted preventive efforts, including a preventive oral cholera vaccine campaign in early 2017, might have significantly limited the scale of the subsequent epidemic.

14. As of the writing of this report, the same structural risk factors that existed in the period 2016–2017 are still in place, again, tackling these is a medium- to long-term endeavour. Other interventions have a greater prospect of having a preventive effect in the shorter term. The UNICEF supply of fuel, chlorine and spare parts remains essential, and steps should be taken to secure the related supply chains. Preventive work at the household and community levels, particularly communications aimed at changing hygiene and water-storage practices, is also important, although it cannot be assumed that behaviour change itself will happen overnight, depending as it does on effective social marketing.

C. Preparedness to respond

15. Those interviewed generally agreed that UNICEF was not well prepared to respond to the 2017 epidemic, nor was the response system as a whole. The reduction in cases during the tail end of the first wave evidently created a false sense of security and the belief that cholera in Yemen was under control. The possibility of an epidemic had been foreseen in the contingency planning exercises of 2016,⁴ but not cholera specifically — and nothing on this scale. In short, UNICEF had not planned for this eventuality and, along with the rest of the humanitarian system, was taken by surprise when it occurred.

16. This is not to say that UNICEF was completely unprepared in April 2017. Its ongoing cholera response meant that it had a basis from which to scale up, albeit a limited one. Existing partnerships and programme agreements, long-term agreements with suppliers and operational protocols established during the response to the 2016 outbreak did help to provide a basis for responding to the 2017 epidemic. But the scale and nature of the 2017 outbreak was unanticipated, and the speed and geographical spread of the outbreak meant that the preparedness measures and existing arrangements that were in place were inadequate to the task. Several UNICEF staff members interviewed felt that, in retrospect, more should have been done to line up suppliers, pre-position stocks and prepare contingency programme cooperation agreements with partners.

17. Funding was not a significant constraint for UNICEF. Donors were generally supportive of the 2017 response and were one of the main sources of pressure to respond, providing flexible funds and interchangeability of funds between programmes. UNICEF and WHO both had substantial funding for system support from the World Bank, which in the case of UNICEF, allowed it to scale up its health, C4D and WASH work to address the 2017 epidemic.

⁴ In the early warning/early action risk assessment process.

18. In contrast, partner capacity was a major constraint on the scale and pace of the UNICEF response. Few of the international non-governmental organization (INGO) partners that UNICEF traditionally works with were present to bring the capacity to deliver on a large scale. This was in part due to the constraints of the operating environment and the difficulties of getting visas for international staff.

19. Opinions vary as to how well prepared UNICEF is now to respond to a potential third wave or new epidemic. Some of those consulted were relatively confident in this regard, while some felt that UNICEF and others would again be caught off guard if the circumstances of 2017 were to be repeated – not least because of response-capacity deficits.⁵ The evaluation team found that UNICEF was certainly better prepared now than in 2017, but that considerable challenges remained.

20. Although there are practical limits to how far preparation can be made for any given contingency, albeit one with such a high level of risk and potential harm, UNICEF is certainly better prepared now to respond than it was in 2017, not least because of the lessons learned from that experience. Preparedness measures in place include multiple contingency programme cooperation agreements, operational plans with local authorities and increased stockpiling at strategic locations together with the integrated cholera plan. Partnerships are now well established, including the rapid response team model with the authorities, although delivery capacity remains uncertain.

D. The UNICEF response to the 2017 epidemic

Coverage and proportionality

21. UNICEF dramatically scaled up its response ambition between May and July 2017, as the full scale of the epidemic became apparent. This is evidenced by the increase in integrated cholera response plan targets. For example, the targeted number of functional diarrhoea treatment centres (DTCs) increased three-fold, from 25 to 75; the targeted number of people benefiting from household-level water treatment and disinfection increased from 500,000 to 12 million; and the targeted number of people reached with cholera key behaviour change practice messages increased from 2 million to 12 million.⁶

22. This scale-up put an enormous strain on UNICEF Yemen at a time when it was already in full Level 3 emergency response mode, particularly in dealing with the nutrition crisis. It also ran up against the limits of available partner capacity. However, the evaluation team believes that UNICEF was right to scale up to this extent across all three sectors (health, WASH and C4D/community mobilization). No other organization was capable of doing so, and by scaling up to this extent, the UNICEF response became at least proportionate to (if not quite commensurate with) the scale of the epidemic.

Timeliness

23. Following the escalation in the number of reported cases in late April/early May 2017, it took time for UNICEF Yemen to adjust, recognize the scale of the challenge and ask for the help it needed from the wider organization. Apart from a lack of preparedness, some other country-level factors had an impact on the speed of the UNICEF response. One of these was a lack of clarity with WHO over the role of UNICEF in the health response, and specifically the establishment and running of the DTCs.

⁵ As documented in UNICEF interview (i13).

⁶ Targets of the initial plan were developed in early May 2017. Revised targets of the new plan were finalized as at 4 July 2017.

24. In any process of rapid programme expansion, particularly on this scale and in such a challenging operating environment, there is some inevitable lag (e.g., security, supply, human resources, finance and partner contracts). However, some of the other delays in the response were not inevitable and should have been avoided. The delivery of some elements of the programme, notably the C4D component, lagged behind other elements and was not always well coordinated with them. The fact that the household sensitization campaign was not mounted until August, after the epidemic had peaked, is the most striking example of this. The lack of pre-existing partnerships in many of the affected areas was also a significant constraint: new partners had to be identified and volunteers trained and deployed against a backdrop of limited access.

25. There was a perception among some actors that the WASH component of the response, in particular, was slow to be delivered. In an interview for the evaluation, the Yemen Humanitarian Coordinator commented that by July 2017, the health and WASH sectors were struggling to deal with the epidemic, leading him to call for a system-wide response by mobilizing partners from across all sectors.⁷ His perception was that rural areas, especially, were being underserved.

Coherence

26. Although the three main components of the response — health, WASH and C4D — were planned together, they were not always harmonized in practice. As one head of a UNICEF field office noted, “sometimes two components were implemented together, but generally not three”.⁸ Nutrition was at first not coordinated with the other components, although this changed over time. Better harmonized responses, both within the UNICEF programme and across the response system, have the potential to improve control effectiveness. More harmonized planning between the health and WASH rapid response teams would also help to achieve better results.

Effectiveness

27. In terms of the achievement of reach in the delivery of services to affected or at-risk populations, the performance of UNICEF has generally been impressive, particularly given the programme’s scaled-up ambitions. As of November 2017, progress against cholera targets in Yemen included the following: 64 of the targeted DTCs were made functional (85 per cent of the 75 targeted); 632 oral rehydration corners were made functional (79 per cent of the 800 targeted); 5.7 million people living in areas at high-risk for cholera gained access to safe drinking water (96 per cent of the 6 million targeted); 9.2 million people in cholera high-risk areas benefitted from household-level water treatment and disinfection (77 per cent of the 12 million targeted); 85 per cent of DTCs received WASH services (out of 100 per cent targeted); 17.8 million affected people were reached through interpersonal community engagement efforts promoting four practices for cholera prevention (exceeding the target of 17.5 million); and nearly 39,000 social mobilizers were deployed for key behaviour changing in cholera high-risk areas (97 per cent of the 40,000 targeted).⁹

28. The biggest shortfall was for household WASH interventions, suggesting an over-ambitious target in this area and reflecting the lack of partner implementation capacity. The scale of achievement is nevertheless impressive, although it raises questions about how interventions were prioritized within the overall response. Informant interviews suggest that the shortfall was mainly in rural areas. The same question arises for the DTC and oral rehydration shortfalls.

⁷ Interview (i20). This call was issued on 3 July 2017.

⁸ Interview (i16).

⁹ UNICEF, “Yemen Humanitarian Situation Report”, November 2017. Available from www.unicef.org/appeals/files/UNICEF_Yemen_Humanitarian_Sitrep_November_2017.pdf.

29. How effective these interventions were in helping to control the epidemic and reduce mortality and morbidity is less clear. A number of factors affected this. As noted above, one is the timing of the interventions relative to the spread of the epidemic. Given the time taken to roll out the WASH programme, it is doubtful whether it had a substantial control effect on the overall course of the epidemic, though it likely provided important protection to households against cholera and other water-borne diseases.

30. A second factor affecting outcomes is the quality of the interventions – for example, the quality of case identification and management together with infection prevention and control in the DTCs, which seems to have had an impact on health outcomes. The low case fatality rates suggest that treatment in the DTCs was generally successful, although the uncertainty of the data means that this must be interpreted with caution. The apparent failure to provide all DTCs with WASH services (a 15 per cent gap) raises questions about infection prevention and control in those centres.¹⁰

31. The scope of the C4D work – 18 million Yemenis reached with behaviour change messages – is impressive, but its effects are largely unknown. The spike in admissions to treatment centres appears to indicate some success in terms of health-seeking behaviour. However, several interviewees for the evaluation raised questions about the effectiveness of an approach that was based on the largely untested assumption that a few minutes spent delivering messages would result in people changing their normal behaviours.¹¹

32. With regard to WASH, following the logic of the control strategy of UNICEF, a strong case can be made that by addressing the main known risk factors for water-borne disease, the organization's WASH interventions substantially reduced levels of risk and vulnerability in the areas in which they were implemented. On the other hand, apart from timing and coverage issues and the poor quality of the available data, it must be said that what was known was based on general principles rather than on investigation of the context-specific risk factors, behaviours and transmission contexts. A more informed response would have allowed better targeting and potentially a greater control effect.

33. The wider effects of UNICEF interventions are even harder to determine. The ambition was not simply to respond to cholera, but to help strengthen systems, including the health and surveillance systems. There is good reason to think that UNICEF, together with WHO and other actors, was successful in preventing the further decline of systems. The impact of a range of practical interventions, from the provision of fuel for pumps to the payment of incentives for health workers whose salaries had not been paid, suggests that the decline of public services would have been significantly more damaging without those interventions. More time is needed, however, to judge how sustainable those gains will prove in a highly unstable environment.

Quality of interventions

34. This is an area in which UNICEF acknowledges that it had difficulties. Interviewees suggested that there was a trade-off between expanded coverage and the quality of the programme.¹² A lack of sufficient oversight of partner programmes exacerbated this. The third-party monitor reports raise concerns about the quality of service in the DTCs.

35. Quality depends upon a range of factors, in particular the clarity of protocols and expected standards together with relevant training and good management and

¹⁰ It is possible that others made up the deficit, but this is not indicated in the reports.

¹¹ As documented in interviews (i13), (i15).

¹² UNICEF interviews (i17), (i31); external interview (i30).

oversight, with related accountability for performance. In the Yemen context, there was inter-agency agreement on protocols and standard operating procedures for DTCs (although these took time to be produced); but the training, oversight of partners and accountability elements were evidently weak or missing. This is clearly an area that UNICEF needs to strengthen in any future cholera response.

E. Programme monitoring and quality control

36. Programme monitoring and quality assurance is often difficult when operating in very insecure and fast-changing environments. The combination of a massively scaled-up programme, ambitious delivery targets and a lack of adequate partner capacity to deliver meant that UNICEF was challenged to ensure adequate programme oversight. Its field officers worked hard in this respect, as did the planning, monitoring and evaluation team, and their coverage is testimony to their endeavour.¹³ But with limited staff numbers¹⁴ due to access challenges, they were inevitably limited in their coverage. Good use was made of third-party monitoring, but while effective at picking up issues retrospectively, this is not a substitute for programme oversight. Despite the integrated nature of the programme, joint field monitoring (i.e., for WASH, health and C4D) was rarely achieved, although the use of jointly compiled checklists helped to ensure that all sectors were covered.¹⁵

37. Perhaps the bigger issues concern the effective use of the compiled data. This was not something that the evaluation team was able to analyse in any detail, but the issue was raised by several interviewees and evidently needs further attention. The challenges in feeding monitoring data into programme decision-making is an area noted for improvement.

F. The efficiency of the cholera response: Internal and external factors

Partnerships, collaboration and coordination

38. As noted earlier, the availability of adequate delivery partnerships was one of the main limiting factors on the UNICEF response to the 2017 epidemic. The lack of INGOs with WASH capacity was in particular a major constraint, although this improved to some extent following an international call for additional support in July 2017.¹⁶ Under the circumstances, the operational partnerships formed with the public water authorities and the health authorities were strong and effective, particularly with regard to the rapid response teams and the deployment of community health volunteers. Interviewees suggested that C4D partnerships could have been more efficient, although the evaluation team was unable to investigate this.

39. Relations with donors appeared to be strong, as reflected in donors' flexibility in the re-allocation of funds towards cholera response priorities. Partners interviewed in the field noted a similar flexibility on the part of UNICEF, although funds were sometimes slow to be dispersed to them. A lack of sufficient support and oversight of partner programme delivery (e.g., in establishing and supporting DTCs) had implications for programme quality. This is perhaps the most important area for improvement for UNICEF and other actors, including building the delivery capacity of local partners.

¹³ Some 16 humanitarian programme monitors were deployed, as were additional monitors specifically for the cholera programme. Interview (i16).

¹⁴ The planning, monitoring and evaluation team had four international and four national staff members (i16).

¹⁵ Interview (i24).

¹⁶ Some traditional UNICEF partners in this field, such as Oxfam, were able to operate only on a limited scale.

40. UNICEF collaboration with some government partners was at times challenging, in part because of the political situation, gaps in effective governance and the severe under-resourcing of the relevant ministries. Working with the health system was essential to achieving scale, particularly with the lack of capacity of some more-traditional international partners. It was also said to be important for sustainability and for building system capacity.¹⁷ The evaluation team agrees with this assessment and found that the collaboration with government entities, for all the complications, was both appropriate and largely effective. The rapid response teams provided the most positive example of this.

41. The quality of collaboration with WHO was much more mixed. Relations were reported to have involved frequent technical negotiations on issues that should have been resolved more quickly. There appears to have been a gap between agreements made by the two organizations at the global level and the local realities on the ground.

42. Although the scope of the evaluation did not include a full review of the relevant coordination mechanisms, based on what was reported to the team in interviews with, mainly, UNICEF staff, overall coordination appears to have had multiple overlapping mechanisms. In particular, the respective roles of the clusters (health/WASH) vis-à-vis the emergency operations centres were poorly defined. The emergency operations centre model was not rolled out across the country as planned, and appears not to have worked well.

UNICEF management and support functions

43. Although management issues have not been a specific focus of this evaluation, the evaluation team found that the overall management of the UNICEF response appeared relatively strong, with good leadership at both the country and regional levels. Nothing reported by key informants contradicted this view. Although, as noted above, UNICEF as a whole was slower than it could have been in scaling up its response, it was relatively swift in its reactions compared with other organizations and took a leading role in the subsequent response. The Level 3 simplified standard operating procedures, particularly the emergency programme cooperation agreement procedures, appear to have helped in this respect. Surge mechanisms proved essential, although the limited availability of staff (internal and external) experienced in cholera response was a significant hindrance.

44. Senior staff in Yemen acknowledged that the cholera response had some indirect effects on the rest of the programme, particularly nutrition and internally displaced persons responses, at least in terms of management attention. Nutrition services continued, achieving approximately 70 per cent of the target, though a number of factors were said to have contributed to that shortfall. The wider indirect effects on the organization are hard to quantify, but as noted by one interviewee from the UNICEF Office of Emergency Programmes,¹⁸ at the time of the response, UNICEF was dealing with several Level 3 emergency situations.¹⁹ As a result, resources available for support and oversight are overstretched, with many key staff members already committed and unavailable for redeployment on short notice.

IV. Conclusions

45. It is hard to escape the conclusion that the system-wide response to the 2017 epidemic was too slow to scale up, was unable to keep up with the scale and pace of the epidemic and had only very limited impact on its course. Once the 2017 epidemic

¹⁷ Interview (i25).

¹⁸ Interview (i36).

¹⁹ This issue, along with the standard operating procedures for Level 2 and Level 3 emergencies, is reported to be under review both within UNICEF and as part of an inter-agency process.

escalated in May 2017, it was evidently beyond the ability of the existing response system to control.

46. This must be qualified by acknowledging the exceptionally challenging context. There were multiple competing demands on the humanitarian system, not least the food security and nutrition situation, which was already critical and which threatened to precipitate famine. The dramatic decline in public services since 2015, in particular the health and water supply/sewage treatment systems, had left the country highly exposed to potential epidemics and ill-equipped to respond effectively. Millions of Yemenis are exposed to water-borne disease and are highly vulnerable to the effects. Controlling a cholera epidemic is very challenging, even in more favourable operating conditions. In Yemen, a lack of system capacity (local, national and international) and preparedness to respond, coupled with extremely difficult operating conditions, meant that in the period after May 2017, the response was not able to control the spread of the disease.

47. This was an epidemic that might, in theory at least, have been prevented from occurring, or at least significantly mitigated. In practice, given the current state of water supply and waste disposal infrastructure and the very high levels of political instability, the necessary system-level preventive work could take years to achieve. Mitigation is a more reasonable expectation. But the outbreak that started in October 2016 had not been brought under control and no preventive vaccination campaign had been mounted. When the second wave of the outbreak began, in late April 2017, more concerted and timely control measures could probably have limited its spread. Yet the humanitarian system was taken by surprise and hence unprepared to respond to an epidemic of this magnitude. This systemic lack of anticipation and preparation for a major epidemic must be counted as a significant failing, even allowing for the multiple challenges and the practical limits to preparedness.

48. The general conclusions outlined above for the overall response are necessarily tentative. Within the scope and limits of the evaluation, the evaluation team is unable to be more definite. But given the prospect of a further outbreak in 2018, the conclusions prompt urgent questions for the system as a whole. Have all reasonable steps now been taken to prevent a further outbreak? Is the system, and are communities themselves, now better prepared to respond to such an outbreak? How confident are we that the response would be more timely, joined-up and effective than in 2017? Are we as confident as we can be (given the volatility of the context) that the system and local communities now have the capacity and tools to effectively identify, control and contain such an outbreak through early interventions?

49. The overall conclusion on the performance of UNICEF is that given the failure to anticipate the 2017 epidemic — for which UNICEF must take at least a share of responsibility — it responded relatively quickly once the scale of the epidemic became apparent, within the limits of its capacity and that of its partners. It adopted essentially the right approach, although this took time to emerge, and full operating capacity was not reached until the epidemic was already well advanced. Working relations with WHO were not as strong as they should have been, and it took time to resolve differences over roles and priorities. Indeed, some of the differences appear to remain unresolved. UNICEF worked well with government authorities and the relevant ministries, and did well on leading and mobilizing others around essential cholera-related WASH efforts, although less so on community engagement. Given the major gaps in overall response capacity, it rightly decided to go beyond its anticipated sphere of operation in the scale of its health interventions. The WASH cluster was well led and appeared to coordinate effectively with the health cluster, even at a time when overall coordination of the response was confused.

50. Like other actors, UNICEF found itself chasing the epidemic, but it was among those leading the chase and urging further collective action. In striving for maximum coverage, UNICEF struggled to ensure the quality of its interventions through

partners (notably in setting up and running DTCs), though it was not alone in this. The effectiveness of some UNICEF interventions, particularly its community engagement and sensitization work, remains uncertain, partly because monitoring was limited. But UNICEF staff, partners and volunteers deserve considerable credit for achieving what they did under exceptionally difficult operating conditions. Their extreme hard work and dedication saved many lives and protected many more.

V. Recommendations

51. Recommendation 1: Secure vaccination supply for further vaccination campaigns. Given the very high risk of another cholera outbreak, the vulnerability of the population and the limits to humanitarian response, the case for a preventive oral vaccination campaign in early 2018 is compelling. While working on a political agreement with the relevant authorities in Yemen, it is recommended that on a no-regrets basis an urgent request to suppliers be placed through the International Coordinating Group to allow for a targeted campaign in the highest-risk areas.

52. Recommendation 2: Establish regional specialist capacity for epidemiology/cholera. The evaluation team believes that in-house epidemiological capacity is an essential component of the UNICEF armoury against cholera and other epidemic diseases. Reliance on internal surge capacity to fulfil this role proved too slow in Yemen in 2017. The vulnerability of countries in the Middle East and North Africa (MENA) region is such as to justify a dedicated specialist post in the MENA Regional Office and should be seen as part of a regional capacitation approach. This would enable the Regional Office to work with country offices to, for example, help to conduct risk assessments and draw up contingency plans; routinely assess countries' preparedness capacities; analyse emerging data on cholera or other epidemics; and support cross-country lesson learning.

53. Recommendation 3: Build regional response capacity for cholera. UNICEF should build regional response capacity in the MENA region by constituting a network of cholera-experienced staff, conducting regional trainings to share the latest knowledge and global know-how from other regions and sharing cholera experience in other countries. Countries should be supported to prepare guidelines, response plans, standard operating procedures and training packages so as to be ready to respond.

54. Recommendation 4: Establish a cholera task force at the regional office level. There is a lack of coherence both in the advisory input on cholera from different UNICEF sections and between the different components of the UNICEF programme. With regard to advisory input, it is recommended that the different sections in the MENA regional office with responsibility in this area (WASH, health, C4D and nutrition) constitute themselves as a cholera task force for the duration of the epidemic to facilitate more coherent planning, support and programme implementation.

55. Recommendation 5: Harmonize UNICEF / WHO approaches and clarify roles. During the cholera response, different understandings of roles between UNICEF and WHO took time to resolve. A central component of preparedness for a further epidemic or third wave should therefore be management discussion between UNICEF and WHO about the lessons from 2017 and how to ensure that the two agencies better harmonize future responses.

56. Recommendation 6: Clarify coordination processes. Coordination of the 2017 response in Yemen was confused, with multiple mechanisms overlapping and running in parallel. In particular, the respective roles of the clusters (health/WASH) vis-à-vis the emergency operations centres were poorly defined. Another essential component of preparedness is the clarification and simplification of the cholera-related coordination processes and the respective roles of the Cholera Task Force, the emergency operations centres, the health/WASH clusters, the Office for the

Coordination of Humanitarian Affairs and the Humanitarian Country Team/Inter-Cluster Coordination Mechanism.

57. Recommendation 7: Scale up and secure preventive WASH work. While much of the essential preventive WASH agenda is medium to longer term, some components are crucial to prevention in the shorter term. This includes system maintenance and the ongoing supply of fuel, chlorine and spare parts for water supply and waste treatment systems. Given the volatility of the situation in Yemen, UNICEF should take all necessary steps to secure the relevant supply chains and create contingency stockpiles as appropriate, while also conducting C4D and protecting water sources in high-risk areas and at the local level.

58. Recommendation 8: Strengthen Yemen national cholera surveillance and reporting. Despite progress on the local-central surveillance process and the introduction of electronic line listing, more needs to be done to strengthen this process to improve data accuracy and the speed of reporting. It is recommended that UNICEF work with WHO and the health authorities to undertake an audit of the local-to-national surveillance system, with a view to identifying necessary steps to strengthen the system.

59. Recommendation 9: Strengthen community-based surveillance and response capacities. Given the security and access challenges, UNICEF and its partners should help to strengthen community capacities in high-risk areas to prevent, prepare for and respond to outbreaks of acute diarrhoea. This would require both enabling the identification and notification of cases through community focal points and early treatment of suspected cases through community-level oral rehydration points.

60. Recommendation 10: Enhance rapid response capacities. UNICEF should build on the rapid response team and Rapid Response Mechanism models and, with its partners, take stock of lessons learned from 2017 to strengthen these mechanisms for future responses. This would include revising rapid response team standard operating procedures and training modules, conducting trainings ahead of further outbreaks and supporting joint inter-agency planning, including the precise definition of roles and responsibilities and the running of simulation exercises. Appropriate pre-agreements and contracts should be put in place with operational partners and suppliers.

61. Recommendation 11: Establish additional response preparedness measures. In addition to the preparedness-related measures noted above, UNICEF should take further action to: ensure WASH response capacities, including through training; ensure the necessary supply for cholera kits; and invest in contingency stocks or purchase arrangements at the local and international levels.

62. Recommendation 12: Strengthen monitoring and quality control. UNICEF monitoring and programme follow-up in 2017 faced the challenge of covering a massively scaled-up programme with relatively limited resources and difficult access. This is of concern from the perspective of both accountability and quality control, and is a problem for the system as a whole. UNICEF should do all it can to strengthen both direct and indirect monitoring. An essential corollary to this is that UNICEF finds ways to better utilize the results from programme monitoring to continuously inform the ongoing response and adapt it accordingly.

63. Recommendation 13: Invest in better understanding of behaviours and transmission contexts. The 2017 response was not adequately informed about household and community practices, or about people's knowledge, attitudes and beliefs concerning cholera and the response to it. A knowledge, attitude and practice survey is currently planned, and should be supplemented by ongoing efforts to understand household perceptions and challenges during the course of any outbreak response. UNICEF should also invest in epidemiological and socio-anthropological research, identifying cholera hotspots, risk factors and community risk behaviours and practices as well as community uptake of campaign messages.

64. Recommendation 14: Consolidate UNICEF global learning on cholera. UNICEF has learned a great deal from the experience of responding to the 2017 cholera epidemic in Yemen; other recent major cholera epidemics in Haiti, South Sudan and Zimbabwe; the cholera regional initiatives in West Africa and Eastern and Southern Africa; and other forms of epidemic response (notably for Ebola). UNICEF should hold an internal learning event that brings relevant staff together to consolidate recent experience on cholera, using Yemen as a key case study.

65. Recommendation 15: Consolidate UNICEF global epidemiological capacity. Given the Yemen experience, UNICEF should establish a network of global and regional cholera experts (internal/external), who would be part of the global exchanges and capitalization efforts. Members of this network might provide additional surge capacity during major outbreaks and play an oversight and monitoring role at the regional and global levels. Related to this, UNICEF should play a greater role in building global epidemiological understanding.

66. Recommendation 16: Strengthen UNICEF global cholera preparedness. UNICEF should review its preparedness to respond to cholera outbreaks in all high-risk regions and countries. Risk assessments and contingency plans should be built into country plans as appropriate. This should be done in collaboration with WHO and other relevant partners, with a view to ensuring close coordination and collaboration with other international organizations.

Annex

Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis

Due to space limitations, the text of the independent report entitled "Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis" is not contained in the present annex. The report is available from the UNICEF Evaluation Office website:

www.unicef.org/evaldatabase/index_102910.html.

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Management response to the UNICEF evaluation report**Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis***Summary*

The evaluation was commissioned by the UNICEF Global Emergency Coordinator in the course of the response to the cholera crisis in Yemen, with a primary objective of informing the UNICEF Yemen country office management in its effort to implement the integrated cholera response, prevention and system-strengthening plan and, specifically, to identify rapid corrective action and better respond to the needs of affected populations in Yemen. Additional objectives were to capture findings and lessons learned in support of advocacy efforts both internally within the country and externally with relevant partners, and to contribute to global knowledge.

There is unanimous recognition of the extremely difficult country context in which the Yemen country office operates, with the cholera crisis emerging within the broader, ongoing humanitarian crisis. Restricted access to Yemen posed certain limitations to the evaluation team; these were mitigated through the recruitment of additional consultants within the country, who facilitated data collection from partners in Yemen.

The evaluation report identified 16 detailed recommendations in the following areas:

- (a) Supply, procurement and implementation of immunization campaigns (including stocks prepositioning);
- (b) Strengthening the coherence of the response within offices and between the country office, regional office and headquarters;

* E/ICEF/2018/19.

Note: The present document was processed in its entirety by UNICEF.



(c) Strengthening the capacity for the response: internal (UNICEF staff), external (rosters of experts, Programme Cooperation Agreements) and partners (community health workers and volunteers);

(d) Strengthening surveillance and monitoring mechanisms;

(e) Prevention (strengthening knowledge and improving behaviour at the community level) and preparedness (guidance development and collating and sharing knowledge);

(f) Coordination with partners, particularly with the World Health Organization (WHO).

The primary users of the evaluation within UNICEF are the Yemen country office; the Middle East and North Africa Regional Office (MENARO); the Office of Emergency Programmes (EMOPS), the Programme Division and the Supply Division. A note consisting of the evaluation recommendations was prepared by the evaluation team and shared on 15 May 2018 with UNICEF senior managers, prior to the report's completion.

The Emergency Management Team (EMT) discussed the note, and a number of critical actions were initiated immediately, such as: (a) the establishment of the MENARO Cholera Task Force to ensure coherence in the guidance and support to the country office and to the EMT; (b) the development of the rapid response team coordination centre for health and water, sanitation and hygiene (WASH) in the country office for daily interaction and information sharing; and (c) the recruitment of an epidemiologist at the regional level to ensure the ongoing analysis of country context and risks, to support data interpretation and to trigger system responses, as necessary.

The strengthening of capacity for surveillance, monitoring and reporting at various levels is a continuous effort, aimed at timely data collection, interpretation and use for course adjustments. Coordination and information sharing with other partners, particularly with WHO, is ongoing, and concerted efforts are made at the country office, regional office and headquarters levels to strengthen coordination.

Preparedness measures are being taken, including the prepositioning of supplies and the preparation of Programme Cooperation Agreements to cover response in high-risk districts. Actions are underway or planned at the headquarters level to collate, consolidate and use learning from the response to the cholera epidemic in Yemen and in other countries, and to revise or develop new guidance for strengthening the capacity of UNICEF to prepare for and respond more effectively to future epidemics.

The follow-up to the management response will be tracked through the Yemen EMT under the leadership of the UNICEF Global Emergency Coordinator for Yemen (Regional Director for MENARO). Regular updates on the progress of the response will be uploaded to the UNICEF Evaluation Management Response Tracking System.

The report and summary products will be shared with external partners for their consideration and action, as appropriate.

Key evaluation recommendations and UNICEF management response

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Evaluation recommendation 1: Secure vaccination supply for further vaccination campaigns Given the very high risk of another cholera outbreak, the vulnerability of the population and the limits to humanitarian response, the case for a preventive oral vaccination campaign in early 2018 is compelling. While working on a political agreement with the relevant authorities in Yemen, it is recommended that on a no-regrets basis an urgent request to suppliers be placed through the International Coordinating Group to allow for a targeted campaign in the highest-risk areas. Management response: Agree Collaborative work for needs assessment and the supply and procurement of vaccines and the implementation of the phase-one campaign oral cholera vaccine (OCV) in part of the country have already taken place. A total of 274,650 persons aged 1 year or older were vaccinated in five districts of Aden in May 2018. Preparatory work for a second-phase campaign is ongoing at all levels of the organization.				
Action 1.1 Implement risk assessment to identify areas that would benefit from an OCV campaign.	Country office	January 2018	Completed Risk assessment has been done and shared with regional office and headquarters and inputs have been incorporated.	World Health Organization, Cholera Risk Assessment Yemen (version using data as at 7 January 2018)
Action 1.2 Submit application to the Global Task Force on Cholera Control (GTFCC) for allocation of OCV from the global stockpile to Yemen.	Country office	April 2018	Completed An application with a detailed OCV campaign plan; a water, sanitation and hygiene (WASH) strategy and plan; a communication for development (C4D) strategy and plan; and an overall cholera response plan have been submitted to GTFCC.	
Action 1.3 Supply OCV in support of campaigns.	Supply Division, country office, regional office	August 2018 (This date may change depending on final scheduling)	Under way GTFCC approved 4.58 million doses of OCV for a first-round preventative campaign, implemented in 10 districts,	Internal supply and logistics documents (e.g., purchase order, pre-advice for

¹ The majority of the supporting documents listed in this column are internal UNICEF documents.

<i>Action</i>	<i>Responsible section/s</i>	<i>Expected completion date</i>	<i>Actions taken and implementation stage: Not started Under way Completed Cancelled</i>	<i>Supporting documents¹</i>
		of campaign, in agreement with health authorities in Sana'a.)	originally planned to take place before the rainy season in March-April 2018. A second-round campaign of 4.58 million doses is planned for later in 2018. As permits for entry were not provided to allow shipment of OCV to Sana'a for the March campaign, after consultation with the regional office and partners (WHO, Gavi, the Vaccine Alliance, UNICEF), a final decision was taken to ship 455,000 doses to Aden, which arrived on 24 April 2018. The remaining ordered quantities (869,750 doses) were diverted to Nigeria from the hub in Nairobi before the expiration of the Q-tags (so that the shipment could not be received by another country and doses would be destroyed). The Supply Division is ready to respond to further OCV requirements, and vaccine can be shipped and delivered in two to three weeks, in accordance with the complex shipping requirements for vaccine deliveries to Yemen.	vaccine charter; vaccine updates, landing permit confirmation)
Action 1.4 Conduct OCV campaign in five districts of southern Yemen (phase I).	Country office	May 2018	Completed A campaign was conducted in the south of Yemen in five districts; cold storage was arranged at a local hospital and the Aden Governorate Health Office cold room; and	Summary of OCV campaign conducted in Aden, Yemen, May 2018

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Action 1.5 Conduct OCV campaign in northern Yemen (phase II) and continue in southern Yemen.	Country office, with regional office support for advocacy	June/July 2018 and onwards	transportation arrangements were made to the target districts. Under way The plan is in place. At the time of reporting, the health authorities in Sana'a had agreed to an OCV campaign in the high-risk districts in the northern governorate of Hodeida and vaccine procurement had been initiated. GTFCC had requested additional information before approving the shipment, which has been provided. The situation remains uncertain, due to the ongoing conflict in Hodeida. A plan is also in place for an additional OCV campaign in the south of the country.	
Evaluation recommendation 2: Establish regional specialist capacity for epidemiology/cholera The evaluation team believes that specialist in-house epidemiological capacity is an essential component of UNICEF capacity against cholera and other epidemic diseases. Reliance on internal surge capacity to fulfil this role proved too slow in Yemen in 2017. The vulnerability of countries in the MENA region is such as to justify a dedicated post in the regional office and should be seen as part of a regional capacitation approach. This would enable the regional office to work with country offices to, for example, help to conduct risk assessments and draw up contingency plans; routinely assess countries' preparedness capacities; analyse emerging data on cholera or other epidemics; and support cross-country lesson learning.				
Management response: Agree The need for dedicated capacity at the regional office level to implement analytical work and contribute to capacity strengthening is recognized. The recruitment process is completed. The incumbent will join the regional office in July 2018.				
Action 2.1 Recruit P4-level epidemiologist.	Regional office	July 2018	Under way A P4-level epidemiologist has been identified through a competitive process and an offer-letter was issued in May 2018.	

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Evaluation recommendation 3: Build regional response capacity for cholera UNICEF should build regional response capacity in the MENA region by constituting a network of cholera-experienced staff, conducting regional trainings to share the latest knowledge and global know-how from other regions and sharing cholera experience in other countries. Countries should be supported to prepare guidelines, response plans, standard operating procedures and training packages so as to be ready to respond. Management response: Agree MENARO has strengthened its regional rapid response capacity to include a cadre of cholera-trained and experienced staff, and is looking to expand C4D capacities in the regional office. The Office is supporting focused cholera preparedness in Yemen, Iraq and the Sudan using the latest standard operating procedures and guidelines, planning for dedicated trainings for WASH and C4D staff in the region and actively sharing lessons from past cholera responses through regional networks and emergency management teams (EMTs).				
Action 3.1 EMT meetings and mailing lists are used to exchange lessons from other responses.	Regional office	Continuous	Under way References to lessons from other responses are made.	
Action 3.2 Establish a UNICEF regional pool of WASH emergency cholera response specialists and implement refresher training on emergency response in the area of WASH.	Regional office	September 2018	Under way The WASH section has established a regional pool of WASH emergency cholera response specialists from among country offices — predominantly staff who participated in a Centers for Disease Control-organized cholera epidemiological training in April 2018. Refresher training is planned for September 2018.	
Action 3.3 Develop a regional rapid response mechanism external roster (RRRM).	Regional office	April 2018	Completed Suitable candidates based on previous experience and training for cholera response, were identified and included in the RRRM external roster.	

<i>Action</i>	<i>Responsible section/s</i>	<i>Expected completion date</i>	<i>Actions taken and implementation stage:</i> <i>Not started</i> <i>Under way</i> <i>Completed</i> <i>Cancelled</i>	<i>Supporting documents¹</i>
Action 3.4 Support countries in MENA to prepare guidelines, response plans, standard operating procedures and training packages in order to be ready to respond to cholera outbreaks.	Regional office	Continuous	Under way Support is being provided for the preparedness and response plans for 2019 for the country offices in Iraq, the Sudan and Yemen. Simplified online guidelines, standard operating procedures and training packages are being developed jointly with WHO for use by countries.	
Action 3.5 Train C4D staff from all country offices during the regional C4D network meeting, with a focus on standards for behaviour change communication in emergencies, accountability to affected populations (AAP) and leveraging resources, using course material developed for the global New York University-UNICEF course on disease outbreak and the social science in humanitarian action platform.	Regional office	September 2018	Not started	
Action 3.6 Recruit dedicated C4D in emergency capacity in MENARO to support country offices on all aspects of prevention, preparedness and response.	Regional office	February 2019	Not started Preliminary discussions are ongoing with the Programme Division and the Office of Emergency Programmes (EMOPS) for dedicated C4D in-office emergency capacity at the regional level in all regions to cover humanitarian preparedness and response, including AAP.	

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Evaluation recommendation 4: Establish a cholera task force at the regional office level There is a lack of coherence both in the advisory input on cholera from different UNICEF sections and between the different components of the UNICEF programme. With regard to advisory input, it is recommended that the different sections in the MENA regional office with responsibility in this area (WASH, health, C4D and nutrition) constitute themselves as a cholera task force for the duration of the epidemic to facilitate more coherent planning, support and programme implementation. Management response: Agree In response to the need for stronger coherence in the regional office's guidance and support to the cholera crisis in Yemen as well as in other affected countries in the region, the Cholera and Outbreak Task Force, with representation from all concerned sections, was established and is functional.				
Action 4.1 Establish MENARO Cholera and Outbreak Task Force.	Regional office	March 2018	Completed The MENARO Cholera and Outbreak Task Force was created in February 2018 and is functional. The Task Force involves the following sections: health and nutrition, WASH, C4D, humanitarian, supply and logistics and human resources.	Terms of reference for the task force
Evaluation recommendation 5: Harmonize UNICEF / WHO approaches and clarify roles During the cholera response, different understandings of roles between UNICEF and WHO took time to resolve. A central component of preparedness for a further epidemic or third wave should therefore be management discussion between UNICEF and WHO about the lessons from 2017 and how to ensure that the two agencies better harmonize future responses. Management response: Partially agree Coordination and a harmonized approach to addressing the challenges are needed and were not optimal in 2017. However, the coordination between agencies was not dysfunctional; rather personality issues and opinions at individual levels and behaviours occasionally affected the coordination adversely. Learning from the experience is very important. In joint meetings of the health and WASH clusters, the situation was presented to all partners by WHO and UNICEF, and it was found that the joint cluster meetings served as a good coordination mechanism in the second wave. The joint cluster used the lessons learned from the second wave to improve coordination and communication for future outbreaks. An integrated health, WASH and C4D plan has been prepared and non-governmental organizations are now asked to review their district-level plans based on the latest developments in the epidemiological landscape.				

<i>Action</i>	<i>Responsible sections</i>	<i>Expected completion date</i>	<i>Actions taken and implementation stage: Not started Under way Completed Cancelled</i>	<i>Supporting documents¹</i>
Action 5.1 Establish a regular technical coordination mechanism between WHO and UNICEF involving the WHO Regional Office for the Eastern Mediterranean Health Emergencies Programme (EMRO WHE) and the UNICEF MENARO Cholera Task Force.	Regional office	Continuous	Under way A regular technical coordination mechanism has been instituted at the regional level between WHO and UNICEF involving monthly technical calls between WHO EMRO WHE and the UNICEF MENARO Cholera Task Force.	
Action 5.2 Implement joint health and WASH cluster meetings (with C4D) to discuss the lessons from the last wave and what can be done differently if the number of suspected cholera cases rises again.	Country office, with headquarters and the regional office and WHO	Fortnightly/monthly inter-cluster meetings held	Completed At least two meetings have been held on lessons learned and the way forward.	Joint Health and WASH Cluster Coordination Meeting, 20 May 2018; Yemen WASH Cluster Cholera Lessons Learned Meeting Report, 14 February 2018
Action 5.3 Develop a joint health and WASH cluster (including C4D) strategic plan and make it operational.	Country office and WHO	15 May 2018	Completed Health and WASH cluster strategic and operational plans have been developed.	Draft Integrated Cholera Prevention and Control Strategic Plan Yemen, February 2018; Summary – Operational Plan for Integrated Cholera Prevention and Response Strategic Plan 2018

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Action 5.4 Hold regular discussions between WHO and UNICEF management and technical teams on situation and response (three-level calls, involving the country and regional offices and headquarters).	Country office, regional office, headquarters and WHO	Need-based	Under way Joint three-level calls have been held.	Minutes of a UNICEF Yemen/WHO OCV call, 17 February 2018, and follow-up.
Evaluation recommendation 6: Clarify coordination processes Coordination of the 2017 response in Yemen was confused, with multiple mechanisms overlapping and running in parallel. In particular, the respective roles of the clusters (health/WASH) vis-à-vis the emergency operations centres were poorly defined. Another essential component of preparedness is the clarification and simplification of the cholera-related coordination processes and the respective roles of the Cholera Task Force, the emergency operations centres, the health/WASH clusters, the Office for the Coordination of Humanitarian Affairs and the Humanitarian Country Team/Inter-Cluster Coordination Mechanism. Management response: Agree The country office is already taking action for strengthening coordination mechanisms within the office as well as with other partners. Protocol for information flow in the office is in place. Joint health and WASH cluster meetings are taking place. A note explaining coordination mechanisms is being developed.				
Action 6.1 Ensure local-level data sharing between health and WASH rapid response teams.	Country office	Continuous	Under way A protocol and chart for information flow have been developed and disseminated. WASH and health rapid response teams are in place. An information control centre has been established for real-time monitoring and information sharing.	Concept note on the use of rain forecast information for targeting prevention and case management activities, March 2018; schematic: organization of rapid response teams
Action 6.2 Joint health and WASH cluster meetings re-start/continue.	Health and WASH cluster coordinators, with support	Continuous	Under way Joint meetings commenced in April 2018 and are continuing.	Minutes from joint health and WASH cluster meetings

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage:		Supporting documents ¹
			Not started	Under way Completed Cancelled	
Action 6.3 Develop a clear understanding of the coordination mechanisms for the cholera response, including the role of the Emergency Operations Centre at the national and governorate levels.	from lead agencies Country office, with support from the regional office and headquarters	End May 2018	Under way	Discussions were held between the Resident Coordinator, UNICEF, WHO and the clusters, and the coordination mechanisms were included as an agenda item in the joint three-level calls to clarify the coordination mechanisms and the role of the Emergency Operations Centre.	
Evaluation recommendation 7: Scale up and secure preventive WASH work While much of the essential preventive WASH agenda is medium to longer term, some components are crucial to prevention in the shorter term. This includes system maintenance and the ongoing supply of fuel, chlorine and spare parts for water supply and waste treatment systems. Given the volatility of the situation in Yemen, UNICEF should take all necessary steps to secure the relevant supply chains and create contingency stockpiles as appropriate, while also conducting C4D and protecting water sources in high-risk areas and at the local level.					
Management response: Agree A procurement plan for ensuring sufficient stocks of water purification tablets has been prepared and is being implemented. The development of an operation and maintenance plan for water supply systems is in progress as are preventive WASH interventions in high-risk areas. Communication support materials are being revised to ensure stronger messaging and community engagement and behavioural change.					
Action 7.1 Develop and implement a procurement plan to ensure sufficient stocks of water purification tablets in-country. <i>Note: Bulk water purification chemicals (e.g., bulk chlorine).</i>	Supply Division	December 2018	Under way	Purchase orders for chlorine tablets and granules were placed in mid-2017 and staggered for delivery immediately until Q2 2018, with a total value of \$4.4 million.	
Action 7.2 Operationalize public water supply systems and sanitation facilities through the provision of fuel.	Country office	Continuing	Under way	Fuel assistance (3.8 million litres per month), including for water	WFP/UNICEF service-level agreement for the provision of

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
			disinfection, is being provided to all 15 major cities.	logistics services in Yemen, March 2018; information on local water and sanitation corporations
Action 7.3 Implement operation and maintenance plan for the water supply system (disinfection/chlorination)	Country office	Continuing	Under way Mechanical equipment (dosing pump or chlorinator) is being installed and water disinfectants are being supplied.	Cholera supply needs and plan, January to December 2018
Action 7.4 Scale up the preventive WASH interventions in high-risk areas, including rehabilitating the water supply and sanitation networks and scaling up such interventions in institutions (health facilities and schools).	Country office	Continuing	Under way A detailed needs and prioritization assessment has been undertaken. Work has been initiated both in rural and urban areas, with the implementation of nearly 300 WASH prevention and intervention projects. Work is also under way in 500 health facilities and schools.	Guidance for revised programme strategy notes, January 2018
Action 7.5 Strengthen community engagement and behavioural change interventions around WASH, including promoting hand washing with soap and safe water use, food hygiene and the use of safe hygienic latrines.	Country office	September 2018	Under way A review of the WASH communication support materials is under way as is the preparation for the training of community volunteers and hygiene promoters.	
Evaluation recommendation 8: Strengthen Yemen national cholera surveillance and reporting Despite progress on the local-central surveillance process and the introduction of electronic line listing, more needs to be done to strengthen this process to improve data accuracy and the speed of reporting. It is recommended that UNICEF work with WHO and the health authorities to undertake an audit of the local-to-national surveillance system, with a view to identifying necessary steps to strengthen the system.				

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Management response: Agree There is a full recognition of the need to strengthen cholera surveillance system and produce more-accurate estimates of detected cases. Discussions with WHO and other partners have been held on a continuous basis. The country office, with support from the regional office and headquarters divisions, is continuing its advocacy at the national level with WHO and health authorities to strengthen surveillance systems. (Please also see response to recommendation 5.)				
Action 8.1 Continue advocacy at the national level with WHO and health authorities for strengthening surveillance, especially the quality of reporting at the reporting sites and the strengthened capacity of central labs.	Country office, with support from the regional office and headquarters, as necessary	Continuous	Under way Country-level discussions on plans for strengthening surveillance are ongoing.	
Action 8.2 When indicated, conduct a third-party monitoring validation exercise to assess the quality of reporting at the source: diarrhoea treatment centres/oral rehydration points.	Country office, with support from the regional office and headquarters, as necessary	As needed	Not started Checklists and the methodology are ready. An exercise is to be triggered as/when needed.	
Evaluation recommendation 9: Strengthen community-based surveillance and response capacities Given the security and access challenges, UNICEF and its partners should help to strengthen community capacities in high-risk areas to prevent, prepare for and respond to outbreaks of acute diarrhoeal. This would require both enabling the identification and notification of cases through community focal points and early treatment of suspected cases through community-level oral rehydration points.				
Management response: Partially agree The mainstay for obtaining good-quality and timely data should be the formal surveillance system first and foremost. Any additional measures to improve the sensitivity or reach of the surveillance system, such as expansion into a community-based surveillance system, are secondary. The country office supports and is already implementing the community-based detection of cases of diarrhoea, the promotion of home care and the seeking of early care and referral, as needed, through its network of community health volunteers and community health workers.				
Action 9.1 Train community health workers and community volunteers and health volunteers.	Country office	September 2018	Under way Community engagement approaches, training tools, job aids and other	

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Action 9.2 Use traditional community structures and bodies that can be effective in incident reporting.	Country office	Continuous	interventions are being reviewed for strengthening. Under way Five C4D consultants will log incidents and critical rumours to the field and the country office on a monthly basis.	
Evaluation recommendation 10: Enhance rapid response capacities. UNICEF should build on the rapid response team and rapid response mechanism models and, with its partners, take stock of lessons learned from 2017 to strengthen these mechanisms for future responses. This would include revising response team standard operating procedures and training modules, conducting trainings ahead of further outbreaks and supporting joint inter-agency planning, including the precise definition of roles and responsibilities and the running of simulation exercises. Appropriate pre-agreements and contracts should be put in place with operational partners and suppliers.				
Management response: Agree Rapid response teams have been established and are functional. A rapid response team coordination centre has been established and health and WASH rapid response teams interact on a daily basis. Further strengthening of capacity through tailored training is at the preparatory stage.				
Action 10.1 Form and maintain rapid response teams for WASH in priority districts.	Country office	February 2018	Completed Rapid response teams have been formed in all priority districts as well as stand-by rapid-response capacity across Yemen.	Cholera information flow chart for health and WASH; WASH rapid response teams (Arabic and English)

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Action 10.2 Develop a rapid response team coordination centre for health and WASH.	Country office	May 2018	Completed A rapid response mechanism is in place and partnerships have been established with mechanism partners. Detailed contacts for rapid response teams have been developed at the district, governorate and national levels for both health and WASH. A coordination centre has been developed for daily interaction between WASH and health rapid response teams. A flow chart for information has been agreed between the health and WASH clusters. A mechanism for the receipt of a forecast of meteorological data on rainfall on a weekly basis has been developed with the support of the Department for International Development. The forecast will be shared in a timely manner with rapid response teams for preparedness actions.	Concept note: Mechanism to monitor the effectiveness of coordination between WASH and health rapid response teams, May 2018; terms of reference for Yemen cholera outbreak WASH rapid response teams
Action 10.3 Update cholera training modules, with the inclusion of a module on rapid response teams.	Country office	February 2019	Under way The training of the master trainers and the cascade training plan have been discussed with the health authorities and approval for the training dates is pending.	Yemen acute watery diarrhea and cholera outbreak standard operating procedures, Yemen WASH

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
Evaluation recommendation 11: Establish additional response preparedness measures. In addition to the preparedness-related measures noted above, UNICEF should take further action to: ensure WASH response capacities, including through trainings; ensure the necessary supply for cholera kits; and invest in contingency stocks or purchase arrangements at the local and international levels. Management response: Agree Additional measures for better preparedness in the area of WASH have been taken: a supply plan has been developed and WASH supplies are prepositioned at eight locations. Fifteen WASH Programme Cooperation Agreements have been finalized for targeting high-priority districts. The UNICEF WASH team in the country office has been strengthened with additional human resources.				
Action 11.1 Ensure that the 2018 WASH supply plan is developed and implemented.	Country office	March 2018	Completed A supply plan was developed by considering the planning target of the integrated cholera preparedness plan. WASH supplies are prepositioned at eight locations with partners. Furthermore, additional supplies for responding to 500,000 suspected cases for a period of three to six months are stocked in three UNICEF warehouses.	Cholera supply needs and plan, January to December 2018
Action 11.2 Prepare contingency Programme Cooperation Agreements covering all high-risk districts.	Country office	March 2018	Completed Fifteen WASH Programme Cooperation Agreements have been finalized for targeting high-priority districts.	Contingency Programme Cooperation Agreements – WASH
Action 11.3 Increase and enhance the capacity of national and subnational WASH teams.	Country office	April 2018	Completed Four implementing partners and 12 national staff have been recruited for the UNICEF WASH section and cluster.	

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
			Staff attended training on epidemiological data and WASH response. A technical adviser on the capacity building of partners is on board and a detailed plan is being implemented.	
Evaluation recommendation 12: Strengthen monitoring and quality control. UNICEF monitoring and programme follow up in 2017 faced the challenge of covering a massively scaled-up programme with relatively limited resources and difficult access. This is of concern from the perspective of both accountability and quality control, and is a problem for the system as a whole. UNICEF should do all it can to strengthen both direct and indirect monitoring. An essential corollary to this is that UNICEF finds ways to better utilize the results from programme monitoring to continuously inform the ongoing response and adapt it accordingly. Management response: Agree The country office is exercising a continuous effort to strengthen the quality and effective use of data collected by implementing partners as well as by third-party monitors through the development of tools and training on their use, the regular provision of feedback by third-party monitors and follow-up on the implementation of identified necessary actions by programme staff.				
Action 12.1 In consultation with WHO and other partners, build the capacity of implementing partners on key standards and guidelines for monitoring and reporting.	Country office	July 2018	Under way All implementing partner technical staff are being trained on key guidelines, including regarding treatment protocols, standard operating procedures for diarrhoea treatment centres, oral rehydration points and Infection Prevention and Control at the case management sites.	Standard operating procedures for diarrhoea treatment centres (WHO/ Government of Yemen); standard operating procedures for oral rehydration corners (WHO/ Government of Yemen)

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: <i>Not started</i> <i>Under way</i> <i>Completed</i> <i>Cancelled</i>	Supporting documents ¹
Action 12.2 Strengthen communication between the third-party monitoring team and the programme staff to ensure timely feedback and corrective measures for quality issues.	Country office	July 2018	Under way Periodic feedback is being provided by the third-party monitoring teams to the sections and field-office teams. An action tracker has been developed for follow-up on actions identified by the third-party monitoring teams.	
Evaluation recommendation 13: Invest in better understanding of behaviours and transmission contexts The 2017 response was not adequately informed about household and community practices, or about people's knowledge, attitudes and beliefs concerning cholera and the response to it. A knowledge, attitude and practice survey is currently planned, and should be supplemented by ongoing efforts to understand household perceptions and challenges during the course of any outbreak response. UNICEF should also invest in epidemiological and socio-anthropological research, identifying cholera hotspots, risk factors, community risk behaviours and practices as well as community uptake of campaign messages. Management response: Agree The country office has planned for and is currently implementing complementary actions to study and better understand environmental factors, community risk practices and the effectiveness of campaign messages and their uptake. A quantitative survey on knowledge, attitudes and practices is at an advanced stage of implementation and qualitative research on cholera hot spots is being prepared. These are complemented by regular data collection by third-party monitoring teams on patterns in community behaviours, which helps in adjusting communication messages, as necessary.				
Action 13.1 Undertake knowledge, attitude and practice surveys to understand household perceptions, community risk behaviours and hygiene practices.	Country office	September 2018	Under way The bidding process for the selection of the service provider has been completed and the survey design and tools have been revised. Field data collection will begin in early July.	
Action 13.2 Collect regular data on risk behaviours and hygiene practices through third-party monitoring teams to better monitor results and trends and understand transmission contexts by correlating such behaviours and	Country office	Continuous	Under way Indicators and methods have been agreed with the regional office. The orientation of the third-party monitors has been planned and data collection is scheduled to start in July 2018.	Monitoring of behaviors/uptake of key practices in cholera prevention and

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage:		Supporting documents, response in Yemen
			Not started	Under way Completed Cancelled	
practices with epidemiological data and cholera hotspots.					
Action 13.3 Conduct regular qualitative research in hotspots to maintain an updated understanding of perceptions of risk and of the response as well as negative narratives and barriers to appropriate behaviours.	Country office	Continuous	Under way	Topics and questions agreed with the regional office. Focus group discussions will start in July and thereafter be conducted on a regular basis.	
Evaluation recommendation 14: Consolidate UNICEF global learning on cholera. UNICEF has learned a great deal from the experience of responding to the 2017 cholera epidemic in Yemen; other recent major cholera epidemics in Haiti, South Sudan and Zimbabwe; the cholera regional initiatives in West Africa and Eastern and Southern Africa; and other forms of epidemic response (notably for Ebola). UNICEF should hold an internal learning event that brings relevant staff together to consolidate recent experience on cholera, using Yemen as a key case study. Management response: Agree An internal learning event is planned to capture recent experiences in cholera epidemic response, review the approach of UNICEF and the response strategy and to draw lessons.					
Action 14.1 In the context of the Health Emergencies Preparedness Initiative (HEPI), the Programme Division and EMOPS will identify resources to jointly fund and organize an internal learning event, bringing together key UNICEF staff to capture learning on cholera epidemic response. The workshop will serve as a mechanism to review the UNICEF approach to and strategy on cholera and to draw on lessons learned from the 2017 response.	Programme Division EMOPS	31 December 2018	Not started		

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Evaluation recommendation 15: Consolidate UNICEF global epidemiological capacity. Given the Yemen experience, UNICEF should establish a network of global and regional cholera experts (internal/external), who would be part of the global exchanges and capitalization efforts. Members of this network might provide additional surge capacity during major outbreaks and play an oversight and monitoring role at the regional and global levels. Related to this, UNICEF should play a greater role in building global epidemiological understanding. Management response: Agree As part of HEPI, a technical working group is being established at the headquarters level. The working group will evolve into an operational task force with a focus on cholera, among other issues, that will liaise with regional offices to provide the necessary support. The establishment of an emergency response team for cholera is being considered. UNICEF will increase its presence in the GTFCC. Discussions with Johns Hopkins University and the Centers for Disease Control on areas of potential research around cholera are currently taking place.				
Action 15.1 As part of HEPI, establish a technical working group. Under the leadership of the Principal Adviser, Public Health Emergencies, the working group will evolve into an operational task force at the headquarters level, with a focus on cholera, that will liaise with regional offices on surge support to the field.	Programme Division	31 July 2018	Under way	
			The team was operationalized in the context of the 2018 Ebola outbreak in the Democratic Republic of the Congo, and its functions will be formalized.	
Action 15.2 The Programme Division and EMOPS will consider establishing an emergency response team if/as funding becomes available specifically for cholera, comprising sector-wide experts, including in health, WASH and community sensitization.	Programme Division EMOPS Division of Human Resources	31 December 2018	Under way	
			In the context of the 2018 Ebola outbreak in the Democratic Republic of the Congo, UNICEF has been making use of the roster developed by HEPI to contact community sensitization, health and WASH experts who can be immediately deployed to support the response.	
Action 15.3 With a view to strengthening its link with global mechanisms on cholera, the Principal Adviser, Public Health	Programme Division	31 December 2018	Under way	UNICEF already leads the cholera platforms in Kenya and Senegal and is

<i>Action</i>	<i>Responsible section/s</i>	<i>Expected completion date</i>	<i>Actions taken and implementation stage: Not started Under way Completed Cancelled</i>	<i>Supporting documents¹</i>
Emergencies, will represent UNICEF on the GTFCC.			considering establishing a platform in Jordan under the same model. Key MENARO staff attended the GTFCC annual meeting in June and the issue of the integration of platforms was raised. Prior to the meeting, a conference call between the existing platforms and the GTFCC secretariat prepared the discussion. Follow-up and next steps are expected in the coming weeks. The Global WASH Cluster is already engaging with and contributing to the GTFCC. The cluster provides an opportunity to be part of global exchanges and capitalization efforts.	
Action 15.4 Strengthen engagement with academic institutions.	Programme Division	31 December 2018	Under way The Principal Adviser, Public Health Emergencies has started engaging with Johns Hopkins University and the Centers for Disease Control on areas of potential research around cholera (behavioural change, case definitions, rapid diagnostic tests and rapid response teams).	
Action 15.5 Strengthen the global epidemiological capacity of UNICEF through the recruitment of a Principal Adviser, Public Health Emergencies.	Programme Division	31 May 2018	Completed The Principal Adviser was recruited and is currently providing technical support to the country and regional offices on cholera outbreak response. In addition, the Principal Adviser recently provided such support to the	

Action	Responsible section/s	Expected completion date	Actions taken and implementation stage: Not started Under way Completed Cancelled	Supporting documents ¹
			Democratic Republic of the Congo for the Ebola response.	
Evaluation recommendation 16: Strengthen UNICEF global cholera preparedness. UNICEF should review its preparedness to respond to cholera outbreaks in all high-risk regions and countries. Risk assessments and contingency plans should be built into country plans as appropriate. This should be done in collaboration with WHO and other relevant partners, with a view to ensuring close coordination and collaboration with other international organizations. Management response: Agree UNICEF is planning to develop an internal document to map out the UNICEF contribution to achieving the targets set out by the GTFCC. Emergency preparedness procedures are being rolled out and an emergency preparedness platform (EPP) is operational. By the end of May 2018, 31 country offices had approved plans for incorporating the EPP and 59 countries had made significant progress, having completed three out of four steps. The development of toolkits and other guidelines to prevent, mitigate and prepare for all health risks, including cholera, is ongoing. This guidance will facilitate response efforts by enabling country teams to quickly access and adapt existing tools to the context. Actions at the headquarters, regional and country levels to strengthen collaboration with WHO are being implemented on a continuous basis.				
Action 16.1 To align with the Ending Cholera – A Global Roadmap to 2030 strategy, a HEPI outbreak task force will develop an internal document to map out the UNICEF contribution to achieving the targets set out by the GTFCC (i.e., to move from a preparedness/response approach to a long-term strategy for the control of epidemics). Funds will be raised to recruit a full-time position in headquarters focused on cholera.	Programme Division	31 December 2018	Not started	
Action 16.2 Roll out emergency preparedness procedures and an EPP to ensure that mechanisms and systems are put in place to enable effective, timely emergency response to humanitarian crises.	EMOPS, regional offices, country offices	31 December 2018	Under way	By 24 May 2018, 31 country offices had approved plans on the EPP and 59 countries had made significant progress (three out of four steps completed).

<i>Action</i>	<i>Responsible section/s</i>	<i>Expected completion date</i>	<i>Actions taken and implementation stage: Not started Under way Completed Cancelled</i>	<i>Supporting documents¹</i>
Implement the systematic verification through the EPP of country office preparedness on cholera, particularly for high-risk countries.				
Action 16.3 Under HEPI, develop toolkits and guidelines to prevent, mitigate and prepare for all health risks, including cholera, to facilitate response efforts by enabling country teams to quickly access and adapt existing tools to the context.	Programme Division	31 December 2018	Under way	
Action 16.4 Strengthen collaboration with WHO on cholera in Yemen.	EMOPS Programme Division	Continuous	Under way UNICEF/WHO conference calls have been conducted at the headquarters, regional and country levels to address the cholera response in Yemen. The calls have been instrumental in addressing some of the operational challenges and gaps, including the updated joint cholera preparedness and response plan. This model can be used for health emergencies beyond cholera.	Follow-up on WHO/UNICEF cholera conference call, April 2018